

CITY OF GREENVILLE
INDIVIDUAL APPLICATION

LIBERTY SQUARE

LIMITED USE

NAME _____ (PLEASE PRINT OR TYPE)	BUSINESS NAME _____ (PLEASE PRINT OR TYPE)
HOME ADDRESS _____ (NUMBER AND STREET)	BUSINESS ADDRESS _____ (NUMBER AND STREET)
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
HOME PHONE _____	BUSINESS PHONE _____ DL NO. _____

This Parking card will allow you access to this parking facility only. The card is to be used by **you only, NO EXCEPTIONS**. Unauthorized use of the card by other persons will result in permanent cancellation of monthly parking privileges at all city parking facilities.

Loss of a valid monthly parking card results in a lost card fee of \$25.00 for a replacement monthly card.

NO REFUNDS shall be given for parking fees.

The monthly card is valid only for the following hours _____. In the event exiting occurs outside of the listed parameters, an additional charge of \$2.00 must be paid to the attendant. In the event entering prior to listed parameters you must pay the daily ticket charge. Daily and/or event rates do apply for use of this facility on day not listed in this agreement. The monthly fee for this card will be _____.

There is a **\$65.00** per card deposit due, in advance and refundable, without interest, upon surrender of your valid AVI tag. (The deposit will be returned in full provided that all monthly charges are paid in full and the card is returned to the City no later than the 5th day of the month. If card is not returned by the 5th day of the month, you will owe for that month.)

The City of Greenville reserves the right to cancel this agreement, at its discretion, given a thirty (30) day written notice.

The City reserves the right to increase parking fees after giving a thirty (30) day written notice.

Any vehicle left in this parking building longer than 72 hours (3 days) without notifying the Parking Bureau is subject to being towed at the owner's expense at the discretion of the Greenville Police Department.

The City shall not be responsible for loss, damage to property or personal injury as a result of parking at the above location. The undersigned relieves the City from any and all claims which they may have.

SMOKING IS PROHIBITED, BY CITY ORDINANCE, IN STAIRWELLS AND ELEVATORS AT ALL TIMES.

Primary vehicle information:

Secondary vehicle information:

Year _____ Make/Model: _____ Year _____
Make/Model _____

State: _____ Tag# _____ State: _____ Tag # _____

Color: _____ Color: _____

I have read and understand the above application and agree to abide by all rules and regulations of said application.

SIGNATURE OF APPLICANT

DATE

NOTIFY THE PARKING DIVISION AT 467-4900, WHEN ANY CHANGES IN VEHICLE(S) OR ADDRESS INFORMATION OCCURS.

OFFICE USE ONLY:

Date Issued: _____	Card #: _____	Issued By: _____
Mon _____ to _____	Wed _____ to _____	Fri _____ to _____
Tues _____ to _____	Thu _____ to _____	Sat _____ to _____
		Access group # _____